INDIVIDUAL HOUSING ACCOUNT

		Form N-
Social Security Number	RETURN THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO THE HAWAII STATE TAX COLLECTOR TO THE DISTRICT OFFICE IN WHICH TAXPAYER(S) FILED THEIR TAX RETURN. (SEE BACK OF THIS COPY FOR MAILING ADDRESSES.)	STATE OF HAWAII DEPARTMENT OF TAXATION
City, State and ZIP Code		Сору А
	5. TOTAL PAYMENT. (ENTER THE AMOUNT FROM LINE 4 ABOVE.)	
Street Address		
Type or machine print Recipient's name (First, Middle, Last)	4. WITHHOLDING. (10% OF LINES 2 & 3 ABOVE)	
Federal Employer I.D. No.	TOTAL AMOUNT WITHDRAWN FOR OTHER THAN PURCHASE OF FIRST PRINCIPAL RESIDENCE AND HELD FOR 365 DAYS OR MORE IN THE IHA.	
City, State and ZIP Code	FIRST PRINCIPAL RESIDENCE AND HELD FOR LESS THAN 365 DAYS IN THE IHA.	19
Street Address	2. TOTAL AMOUNT WITHDRAWN FOR OTHER THAN PURCHASE OF	
Type or machine print Payer's name	TOTAL AMOUNT WITHDRAWN FOR PURCHASE OF FIRST PRINCI- PAL RESIDENCE AND HELD FOR LESS THAN 365 DAYS IN THE IHA.	

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STATE OF HAWAII — DEPARTMENT OF TAXATION

INDIVIDUAL HOUSING ACCOUNT

Social Security Number	IN WHICH TAXPAYER(S) FILED THEIR TAX RETURN. (SEE BACK OF THIS COPY FOR MAILING ADDRESSES.)	TAXATION
Social Security Number	RETURN THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO THE HAWAII STATE TAX COLLECTOR TO THE DISTRICT OFFICE	STATE OF HAWAII DEPARTMENT OF
City, State and ZIP Code		Сору А
Street Address	5. TOTAL PAYMENT. (ENTER THE AMOUNT FROM LINE 4 ABOVE.)	
Type or machine print Recipient's name (First, Middle, Last)	4. WITHHOLDING. (10% OF LINES 2 & 3 ABOVE)	
Federal Employer I.D. No.	TOTAL AMOUNT WITHDRAWN FOR OTHER THAN PURCHASE OF FIRST PRINCIPAL RESIDENCE AND HELD FOR 365 DAYS OR MORE IN THE IHA.	
Street Address City, State and ZIP Code	TOTAL AMOUNT WITHDRAWN FOR OTHER THAN PURCHASE OF FIRST PRINCIPAL RESIDENCE AND HELD FOR LESS THAN 365 DAYS IN THE IHA.	19
Type or machine print Payer's name	TOTAL AMOUNT WITHDRAWN FOR PURCHASE OF FIRST PRINCI- PAL RESIDENCE AND HELD FOR LESS THAN 365 DAYS IN THE IHA.	

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STATE OF HAWAII — DEPARTMENT OF TAXATION

Type or machine print Payer's name	TOTAL AMOUNT WITHDRAWN FOR PURCHASE OF FIRST PRINCI- PAL RESIDENCE AND HELD FOR LESS THAN 365 DAYS IN THE IHA.	
Street Address City, State and ZIP Code	TOTAL AMOUNT WITHDRAWN FOR OTHER THAN PURCHASE OF FIRST PRINCIPAL RESIDENCE AND HELD FOR LESS THAN 365 DAYS IN THE IHA.	19
Federal Employer I.D. No.	TOTAL AMOUNT WITHDRAWN FOR OTHER THAN PURCHASE OF FIRST PRINCIPAL RESIDENCE AND HELD FOR 365 DAYS OR MORE IN THE IHA.	
Type or machine print Recipient's name (First, Middle, Last)	4. WITHHOLDING. (10% OF LINES 2 & 3 ABOVE)	
Street Address	5. TOTAL PAYMENT. (ENTER THE AMOUNT FROM LINE 4 ABOVE.)	
City, State and ZIP Code		Сору А
Social Security Number	RETURN THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO THE HAWAII STATE TAX COLLECTOR TO THE DISTRICT OFFICE IN WHICH TAXPAYER(S) FILED THEIR TAX RETURN. (SEE BACK OF THIS COPY FOR MAILING ADDRESSES.)	STATE OF HAWAII DEPARTMENT OF TAXATION

MAILING ADDRESSES

Oahu District Office (Honolulu City and County)

P.O. Box 1530 Honolulu, HI 96806-1530 (830 Punchbowl Street) Maui District Office (Maui and Kalawao Counties)

P.O. Box 913 Wailuku, HI 96793-0913 (54 High Street) Hawaii District Office (Hawaii County)

P.O. Box 1377 Hilo, HI 96721-1377 (75 Aupuni Street) Kauai District Office (Kauai County)

P.O. Box 1688 Lihue, HI 96766-5688 (3060 Eiwa Street)

MAILING ADDRESSES

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STATE OF HAWAII — DEPARTMENT OF TAXATION

INDIVIDUAL HOUSING ACCOUNT

Type or machine print Payer's name	TOTAL AMOUNT WITHDRAWN FOR PURCHASE OF FIRST PRINCI- PAL RESIDENCE AND HELD FOR LESS THAN 365 DAYS IN THE IHA.	
Street Address City, State and ZIP Code	TOTAL AMOUNT WITHDRAWN FOR OTHER THAN PURCHASE OF FIRST PRINCIPAL RESIDENCE AND HELD FOR LESS THAN 365 DAYS IN THE IHA.	19
Federal Employer I.D. No.	TOTAL AMOUNT WITHDRAWN FOR OTHER THAN PURCHASE OF FIRST PRINCIPAL RESIDENCE AND HELD FOR 365 DAYS OR MORE IN THE IHA.	This information is being furnished to the
Type or machine print Recipient's name (First, Middle, Last)	4. WITHHOLDING. (10% OF LINES 2 & 3 ABOVE)	STATE OF HAWAII DEPARTMENT OF TAXATION
Street Address City, State and ZIP Code	5. TOTAL PAYMENT.	Please see note on back of this copy
ony, State and Zii Gode		Сору В
Social Security Number		For Recipient

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(REV. 1993)

STATE OF HAWAII — DEPARTMENT OF TAXATION

INDIVIDUAL HOUSING ACCOUNT

Type or machine print Payer's name	TOTAL AMOUNT WITHDRAWN FOR PURCHASE OF FIRST PRINCI- PAL RESIDENCE AND HELD FOR LESS THAN 365 DAYS IN THE IHA.	
Street Address	TOTAL AMOUNT WITHDRAWN FOR OTHER THAN PURCHASE OF FIRST PRINCIPAL RESIDENCE AND HELD FOR LESS THAN 365	10
City, State and ZIP Code	DAYS IN THE IHA.	<u> </u>
	TOTAL AMOUNT WITHDRAWN FOR OTHER THAN PURCHASE OF FIRST PRINCIPAL RESIDENCE AND HELD FOR 365 DAYS OR	
Federal Employer I.D. No.	MORE IN THE IHA.	This information is being furnished to the STATE OF HAWAII
Type or machine print Recipient's name (First, Middle, Last)	4. WITHHOLDING. (10% OF LINES 2 & 3 ABOVE)	DEPARTMENT OF TAXATION
Street Address	5. TOTAL PAYMENT.	Please see note on back of this copy
City, State and ZIP Code		
		Сору В
Social Security Number		For Recipient

Form N-2

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STATE OF HAWAII — DEPARTMENT OF TAXATION

Social Security Number		For Recipient
		Сору В
City, State and ZIP Code		
Street Address	5. TOTAL PAYMENT.	Please see note on back of this copy
Type or machine print Recipient's name (First, Middle, Last)	4. WITHHOLDING. (10% OF LINES 2 & 3 ABOVE)	DEPARTMENT OF TAXATION
Federal Employer I.D. No.	MORE IN THE IHA.	This information is being furnished to the STATE OF HAWAII
	TOTAL AMOUNT WITHDRAWN FOR OTHER THAN PURCHASE OF FIRST PRINCIPAL RESIDENCE AND HELD FOR 365 DAYS OR	
City, State and ZIP Code	FIRST PRINCIPAL RESIDENCE AND HELD FOR LESS THAN 365 DAYS IN THE IHA.	19
Street Address	2. TOTAL AMOUNT WITHDRAWN FOR OTHER THAN PURCHASE OF	
Type or machine print Payer's name	TOTAL AMOUNT WITHDRAWN FOR PURCHASE OF FIRST PRINCI- PAL RESIDENCE AND HELD FOR LESS THAN 365 DAYS IN THE IHA.	

NOTE:

Effective for taxable years beginning after December 31, 1992, any portion of the amounts listed in box 1 and/or box 2 which were claimed as a deduction on your prior year's tax return is disallowed and an amended tax return for the prior year will have to be filed.

The amount listed in box 3 is an amount you used for other than a purchase of a first principal residence and must be reported as Other Income on the Hawaii Income Tax Return that you file.

The amount on line 4 of this form must be included in your tax liability on your Hawaii Income Tax Return.

The amount on line 5 of this form must be included in your Hawaii income tax withheld.

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STATE OF HAWAII — DEPARTMENT OF TAXATION

INDIVIDUAL HOUSING ACCOUNT

Type or machine print Payer's name	TOTAL AMOUNT WITHDRAWN FOR PURCHASE OF FIRST PRINCI- PAL RESIDENCE AND HELD FOR LESS THAN 365 DAYS IN THE IHA.	
Street Address City, State and ZIP Code	TOTAL AMOUNT WITHDRAWN FOR OTHER THAN PURCHASE OF FIRST PRINCIPAL RESIDENCE AND HELD FOR LESS THAN 365 DAYS IN THE IHA.	19
	TOTAL AMOUNT WITHDRAWN FOR OTHER THAN PURCHASE OF FIRST PRINCIPAL RESIDENCE AND HELD FOR 365 DAYS OR	
Federal Employer I.D. No.	MORE IN THE IHA.	This information is being furnished to the STATE OF HAWAII
Type or machine print Recipient's name (First, Middle, Last)	4. WITHHOLDING. (10% OF LINES 2 & 3 ABOVE)	DEPARTMENT OF TAXATION
Street Address	5. TOTAL PAYMENT.	Please see note on back of this copy
City, State and ZIP Code		
		Сору С
Social Security Number		For Recipient Attach to Return

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STATE OF HAWAII — DEPARTMENT OF TAXATION

INDIVIDUAL HOUSING ACCOUNT

Type or machine print Payer's name	TOTAL AMOUNT WITHDRAWN FOR PURCHASE OF FIRST PRINCI- PAL RESIDENCE AND HELD FOR LESS THAN 365 DAYS IN THE IHA.	
Street Address	TOTAL AMOUNT WITHDRAWN FOR OTHER THAN PURCHASE OF FIRST PRINCIPAL RESIDENCE AND HELD FOR LESS THAN 365 DAYS IN THE IHA.	10
City, State and ZIP Code		19
	TOTAL AMOUNT WITHDRAWN FOR OTHER THAN PURCHASE OF FIRST PRINCIPAL RESIDENCE AND HELD FOR 365 DAYS OR	
Federal Employer I.D. No.	MORE IN THE IHA.	This information is being furnished to the STATE OF HAWAII
Type or machine print Recipient's name (First, Middle, Last)	4. WITHHOLDING. (10% OF LINES 2 & 3 ABOVE)	DEPARTMENT OF TAXATION
Street Address	5. TOTAL PAYMENT.	Please see note on back of this copy
City, State and ZIP Code		
		Сору С
Social Security Number		For Recipient Attach to Return

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STATE OF HAWAII — DEPARTMENT OF TAXATION

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City, State and ZIP Code		19
Fadard Frakus D Na	TOTAL AMOUNT WITHDRAWN FOR OTHER THAN PURCHASE OF FIRST PRINCIPAL RESIDENCE AND HELD FOR 365 DAYS OR TOTAL AMOUNT WITHDRAWN FOR OTHER THAN PURCHASE OF THE PURCHASE	T
Federal Employer I.D. No.	MORE IN THE IHA.	This information is being furnished to the STATE OF HAWAII
Type or machine print Recipient's name (First, Middle, Last)	4. WITHHOLDING. (10% OF LINES 2 & 3 ABOVE)	DEPARTMENT OF TAXATION
Street Address	5. TOTAL PAYMENT.	Please see note on back of this copy
City, State and ZIP Code		
		Copy C
Social Security Number		For Recipient Attach to Return

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Type or machine print Recipient's name (First, Middle, Last)	4. WITHHOLDING. (10% OF LINES 2 & 3 ABOVE)	
Street Address	5. TOTAL PAYMENT.	-
City, State and ZIP Code		Copy D
Social Security Number		For Payer
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STATE OF HAWAII — DEPARTMENT OF TAXATION

INDIVIDUAL HOUSING ACCOUNT

Social Security Number		Copy D For Payer
City, State and ZIP Code		
Street Address	5. TOTAL PAYMENT.	
Type or machine print Recipient's name (First, Middle, Last)	4. WITHHOLDING. (10% OF LINES 2 & 3 ABOVE)	
Federal Employer I.D. No.	TOTAL AMOUNT WITHDRAWN FOR OTHER THAN PURCHASE OF FIRST PRINCIPAL RESIDENCE AND HELD FOR 365 DAYS OR MORE IN THE IHA.	
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STATE OF HAWAII — DEPARTMENT OF TAXATION

Social Security Number		Copy D For Payer
City, State and ZIP Code		
Street Address	5. TOTAL PAYMENT.	
Type or machine print Recipient's name (First, Middle, Last)	4. WITHHOLDING. (10% OF LINES 2 & 3 ABOVE)	
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